

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524701

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>					
2		<i>1</i>				
3		<i>1</i>				
4		<i>1</i>				
5		<i>1</i>				
6		<i>1</i>				
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42		<i>1</i>				
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44		<i>1</i>				
45		<i>1</i>				
46		<i>1</i>				
47		<i>1</i>				
48		<i>1</i>				
49		<i>1</i>				
50		<i>1</i>				
TOTAL IND.	<i>2</i>	<i>1</i>				
TOTAL DEP.	<i>42</i>	<i>1</i>				
TOTAL CLAIMS	<i>44</i>					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						